

LIHEAP DOCUMENTATION REQUIREMENTS

-Program Available only in the 9 County Service Area –
Lake, Kent, Manistee, Mason, Muskegon, Newaygo, Oceana, Ottawa, Wexford

Provide a copy of the following documentation with application.

Applications received without the required documentation will not be processed.

1) COPY of **TRIBAL I.D., AND DRIVERS LICENSE/STATE I.D.** for ALL individuals age 18 and older residing in the household as a permanent member. Permanent member means anyone residing in the household for one or more months.

2) Provide three (3) Months proof of income for *each individual* in the household age 18 and older.

Income must be for the period of three (3) months prior to the date of application. To claim ZERO INCOME or partial income a ZERO INCOME WORKSHEET must be complete and notarized.

(Reference Only)

Family Size	Crisis Assistance Annual Income FPIC 150%	Crisis 3 Months Income	Heating Assistance Not to exceed 75% State Median Income	Heating 3 Months Income
1	\$16,245	\$4,061	\$29,308	\$ 7,326.93
2	\$21,855	\$5,463	\$38,325	\$ 9,581.37
3	\$27,465	\$6,866	\$47,343	\$ 11,835.81
4	\$33,075	\$8,268	\$56,361	\$ 14,090.25
5	\$38,685	\$ 9,671	\$65,379	\$ 16,344.69
6	\$44,295	\$ 11,067	\$74,397	\$ 18,599.13
7	\$49,905	\$12,476	\$76,087	\$ 19,021.84
8	\$55,515	\$13,878	\$77,778	\$ 19,444.55
150 % FPIG Federal Register update effective Jan 23, 2009			Updated Jan 23, 2009	

3) Copy of the Utility Bill – The utility must show payments made and/or attempt to make at least partial payment. No-payment or no attempts to pay utility bill on a regular basis does not constitute a crisis. Payment history is reviewed.

Required - Utility bill must be in the name of the tribal member. Where utility is in the name of someone other than tribal member, documentation must be submitted to verify that individual listed on the utility bill is a permanent member of the household. Where utility is in the landlord's name, applicant must provide notarized lease stating that utility is paid by tenant.

4) Denial Notice, Shut off notice or; Statement of need.

If you have any questions about the status of an application or status of assistance check, please contact the Members Assistance Department. Please do not contact any other department. If you are eligible for assistance, you will be notified by phone. When the assistance is mailed out, you will receive a copy of the information mailed to the vendor.

Members Assistance Department
Little River Band of Ottawa Indians
375 River Street
Manistee, MI 49660
(231) 723-8288 / 888-723-8288

LITTLE RIVER BAND OF OTTAWA INDIANS

Members Assistance Department

LIHEAP Application (FY09/10 Funding)

Program Available only in the 9 County Service Area –

Lake, Kent, Manistee, Mason, Muskegon, Newaygo, Oceana, Ottawa, Wexford

(Office Use Only)

Date: _____ Initials _____

A. APPLICANT INFORMATION

TRIBAL MEMBER NAME :		D.O.B.	
PHYSICAL ADDRESS : STREET	CITY	STATE	ZIP
MAILING ADDRESS : (P.O. BOX)	CITY	STATE	ZIP
PHYSICAL & MAILING INFORMATION SHALL MATCH THE INFORMATION ON FILE WITH THE ENROLLMENT DEPARTMENT			
COUNTY :	PHONE :	TRIBAL I.D. #	
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER			
PARENT NAME IF ACCESSING ON BEHALF OF TRIBAL MEMBER MINOR			

B. FAMILY INFORMATION

1. List ALL persons living in the household on a permanent basis.

Name	D.O.B Date of Birth	Social Security Number	Relationship to Applicant	Years/Months at this address.	I.D. Number

C. INCOME INFORMATION

2. **Earned** and **Unearned** Income: Starting with applicant, list all household members who receive Earned and/or Unearned income, such as wages, tips, social security, retirement, disability and unemployment benefits, child support, alimony, royalties, per capita payments, tribal benefits, interest and any other income resource.

Provide Proof of all household income with application-

Name	Age	3 Months Income	Source of Income

Total gross Earned and Unearned income = \$ _____

D. GENERAL INFORMATION

3. Briefly describe the reasons you are in need of this assistance.

4. Household Estimated Monthly Expense Information – Expense for the month of: _____

Description	Amount of Expense - Month
Rent / Mortgage – (circle one)	\$
Food	\$
Electric	\$
Heat	\$
Water / Sewer / Trash (circle all that apply)	\$
Phone – Local and Long Distance & Cell Phone	\$
Cable or Satellite TV	\$
Automobile – Payment & Insurance etc. # of vehicles _____	\$
Medical / Dental	\$
Misc – Day care, child support, other _____	\$
Other expenses not listed – (please list)	\$
Total of All Expenses	\$

5. Are you behind on the utility bill you are requesting assistance? ____ Yes ____ No If Yes, how much? _____

6. How many times have you been late on the utility payment in the last year? _____ times

a. How much of your own resources are available to use on the utility bill? \$ _____

b. How will you pay the utility on the next due date? _____

c. What is the average utility bill per month? \$ _____ (total 12 months of bills divided by 12)

d. Amount needed to bring up to date \$ _____

e. Are you included in a budget plan for the utility? Yes ____ No ____ if Yes, amount of utility budget plan _____.

7. What is the heat source for the home? ☐ Electric ☐ Nat. Gas ☐ Wood ☐ Propane ☐ Oil Other: _____
(attach a bill, invoice, shut off notice)

8. Utility Company Information – MUST BE COMPLETE – Do not leave blank

Utility Company:	Mailing Address:
Account #	Customer Service Phone:

9. Have you applied for energy assistance from any other source? Yes ____ No ____ If denied assistance please explain why: _____

10. Do you access assistance from Department of Health and Human Services (DHS or FIA)? Yes ____ No ____
If Yes, Please provide Caseworker name: _____ Phone: _____

11. Are you applying for the LIHEAP Assistance as your only recourse for assistance?
Yes ____ No ____ Please explain: _____

12. Do you or anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap, or permanent disability? Yes ____ No ____
If yes, provide the person's name and briefly describe the disabling condition: _____

** You must verify this condition through two sources, such as a Social Security or Veterans Affairs determination of disability, and/or a doctor's certification.

13. Have you ever received LIHEAP Assistance from this program in the past? Yes ____ No ____

14. **Elder Households**- Do you pay ____ ALL or ____ SHARE the utility expense of the household? (check one). If you SHARE in the utility expense how much do you pay each month? \$ ____.

Comments: _____.

15. **Elder Households** – Assistance Available After MAY 1st – Do you require air conditioning due to a medical related condition? ____ Yes ____ No . If yes, please explain and attach proof of medical condition: _____

Referrals: *Your household may be eligible to receive assistance through programs offered by your local FIA, Community Action Agency and/or Utility Company. Contact these agencies for more information on: Weatherization, Energy Needs, Utility Shut-off Protection, Home Heating Tax Credit, Energy Audit, Utility Budgeting. If you need assistance in contacting these agencies please contact our office.*

DO NOT LEAVE BLANK -

E. APPLICANT CERTIFICATION & AGREEMENT

(Read this certification carefully before you sign and date your application. Sign in ink.)

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application is a violation of U.S.C. Title 18 Section 1001 and can result in prosecution and denial of services. This application contains material covered by the Privacy Act. No record will be communicated to outside agencies unless in writing, either by the applicant or an officer or employee of the Members Assistance Department or other Federal agency requiring it in the performance of their duties.

And;

I fully understand that submission of an application does not guarantee receipt of assistance, and that resources will be allocated or withheld according to availability of funds. I understand that I have the right to appeal any adverse decision regarding my request for assistance to the Little River Band of Ottawa Indians through the appeal process governing this program per the Membership Assistance Ordinance. I have read and fully understand the contents provided in this application.

And;

I fully understand that, although there is a maximum amount of assistance under this program, I am not automatically entitled to that amount. If I am eligible for assistance I will receive amount to resolve energy crisis up to the maximum amount and any outstanding balance will be my responsibility.

Applicant's Signature: _____

Date: _____

Spouse's Signature (if appropriate): _____

Date: _____

NOTE* Do not wait for a shut off to seek assistance. You must show that you have made an attempt to make payments on utilities, payment history is reviewed. Contact your utility provider to discuss your situation and what you are doing to revolve the utility bill.



Little River Band of Ottawa Indians
Members Assistance Department

375 River St
Manistee MI 49660
Toll Free 888-723-8288
231-723-8288
Fax: 231-398-6748

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We hereby authorize you to release, any and all information concerning the following:

Employment history dates, title, income, hours worked etc. mortgage, rental agreement, lease or land contract information, heating or electrical account information, Social Security, SSI or SS Disability statements, banking, savings statements, general assistance income (DHS), zero income statement; and any other information requested of outside agencies and/or appropriate Tribal departments as deemed necessary to verify application information submitted for assistance services.

This information is released to:

Members Assistance Coordinator-Lee A. Ivinson and Members Assistance Staff

for use in evaluating eligibility for Members Assistance Programs.

Release of Information to Appropriate Service Departments:

I understand that information may be disclosed to appropriate Tribal departments on my behalf for services and assistance applied for. This information is intended to facilitate access to services in a timely manner and is considered confidential and/or privilege information. I understand that records cannot be disclosed without my written consent below, unless otherwise provided in the regulation. I also understand that I may revoke this consent at any time except to the extent for actions taken and services in assisting you.

Full Name: _____
(Signature)

Full Name: _____
(Printed)

Social Security #: _____

Address: _____

Phone Number: _____

Privacy Act Statement

The primary use of this information is by an employee of the Members Assistance Department office in determining eligibility for services. Furnishing the information on this form is required to establish eligibility for your participation in the program.



Little River Band of Ottawa Indians Members Assistance Department Zero Income Worksheet

Applicant and/or permanent household member/s age 18 or older shall complete the zero income form for periods within the last three (3) months of the date of application where there is no income generated or partial income claimed. Complete section that is pertinent to your situation – Zero Income or Partial Income.

<u>Household Monthly Expenses -</u>	<u>Amount</u>
Rent/Mortgage Payment	_____ Mo.
Utilities – Circle that apply- Electric, Heat, Water, Sewer, Phone, Trash Removal, Cable or Satellite TV	_____ Mo.
Food	_____ Mo.
Automobile (fuel, repairs, insurance)	_____ Mo.
Medical/Dental	_____ Mo.
Miscellaneous (day care, child support etc.)	_____ Mo.
Other Expenses – List them _____	_____ Mo.

Zero Income

☐ I _____ certify that I have not received any income within the dates from _____ to _____ and I am claiming ZERO INCOME. (must total 3 months from date of application)

Please explain circumstances for claiming Zero Income:

REQUIRED: Explain how the expenses are currently paid

How will household continue to pay the expenses?

Partial Income

☐ I _____ certify that I am claiming income for part of the period within the three months and *proof of income is provided with application* and ZERO INCOME for the dates from _____ to _____. (must total 3 months from date of application)

Please explain circumstances for claiming Partial Income:

REQUIRED: Explain how the expenses are currently paid

How will household continue to pay the expenses?

Income/Resources of Household-

Provide a copy of the documents that apply with application.

Income from Work-Not reported on a W-2 Form	_____	Mo.
Rental Income (If applicable)	_____	Mo.
TANF (Temporary Assistance to Needy Families)	_____	Mo.
Child Support/Alimony	_____	Mo.
Social Security Benefits	_____	Mo.
Food Stamps/Bridge Card	_____	Mo.
Subsidized Housing	_____	Mo.
Pension	_____	Mo.
Unemployment Compensation	_____	Mo.
Workers' Compensation	_____	Mo.
Explanation of any other resources not listed:	_____	

(circle one)

Would you participate in a household budgeting training course? Yes No If No: Why _____

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive assistance, and that false or misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application is a violation of U.S.C. Title 18 Section 1001 and can result in prosecution and/or denial of services.

Spouse or Other – (Individuals 18 or older declaring zero or partial income)

Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

NOTARY STAMP, SIGNATURE AND DATE

(Name) _____ Acknowledged before me in _____ County,
State of _____ on this date _____.

Notary's Stamp

Notary Signature _____
Notary Public, State of _____, County of _____;
My commission expires _____; and Acting in the County of _____.



Little River Band of Ottawa Indians Members Assistance Department

For additional forms make
copies as needed.

Statement of Assistance Resources

To be used when household has received assistance from an individual/s. To be completed by person giving assistance to applicant.

Applicant name: _____ Address _____

I certify that the total amount to date I _____ gave _____
in assistance is \$ _____. Amount was given per ☐ month or ☐ week. This financial assistance
started on (Date) _____.

The dates and amounts given:

Date	Amount		Date	Amount		Date	Amount

(Use reverse side for additional space)

Check and complete all that apply:

☐ I paid these expenses on these dates:

Expense/ Bill	Description	Amount	Date/s

(Use reverse side for additional space)

☐ I will continue to pay these expenses until (Date) _____.

☐ This was a onetime assistance and no further assistance will be given.

My relationship to the applicant is: _____

My Address: _____

My Phone: _____

My Work Phone: _____

My Employer Name & Address: _____

This certification is made with the knowledge that false or misleading statements made by me on this form and/or on supporting documents for this certification is fraud and can result in prosecution. I further understand that the Little River Band of Ottawa Indians may require additional information to verify the assistance provided by me to said applicant, additional request may be but not limited to receipts, bank statements, paid invoices, cancelled checks and income verification by way of pay stubs and any other proof deemed necessary.

NOTARY, SIGNATURE AND DATE

Signature: _____ Date: _____

(Name) _____ Acknowledged before me in _____ County,
State of _____ on this date _____.

Notary's Seal

Notary Signature _____
Notary Public, State of _____, County of _____;

My commission expires _____; and Acting in the County of _____